WALLACH ART GALLERY
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Group Visit Request

Please tell us about your group.

Group / Organization Name:

Address:

Zip code:

Total Group Size:

# of Teens: **# of Adults:** **# of Seniors:**

Any special needs that you would like us to be aware of:

Group Leader Information

First Name: **Last Name**:

Email: **Telephone/Mobile**:

Group visit request date: **Alternative visit request date:**

Type of visit: ☐ GUIDED ☐ UNGUIDED

How did you hear about The Wallach Art Gallery?

- ☐ The Wallach Website
- ☐ Word of Mouth
- ☐ Facebook
- ☐ Other / Please specify:

Group Visits are only available during public hours.
Please return the completed form via email to WAG_Programs@columbia.edu.